

Voluntary Caregiver Registration

The Voluntary Caregivers Registry provides patients with contact information for primary caregivers in their area. By law, a primary caregiver is a person other than the patient and the patient's physician, who is **18 years of age or older** and has **significant responsibility** for managing the well-being of a patient with a debilitating medical condition. By completing this form, you are allowing the Registry to release your contact information to physicians and prospective patients. All other information in your records remains confidential. Information is released in accordance with Colorado Board of Health rules.

Instructions:

1. Complete all required sections of the form neatly and accurately.
2. **There are no fees to file this form.**
3. **Do not write-over, cross-out, or use white-out on this form, or it will be voided.** If you make a mistake on the form, please complete a new one.
4. Make a copy of this form for your files.
5. Submit paperwork with a copy of your current photo ID.
6. Submit paperwork by mail or deliver to the Registry's drop-box within 10 days of your signature. The Registry does not accept forms by fax or e-mail.

Mail to:

Customer Service Unit

Colorado Dept. of Public Health & Environment
HSV-MMR
4300 Cherry Creek Drive South
Denver, CO 80246-1530

Drop-Box:

Colorado Dept. of Public Health & Environment
710 S. Ash Street, South East Entrance
Open: Monday-Friday, 7:00 a.m. to 6:00 p.m.

The drop box is on the wall inside the first set of glass doors. Your paperwork must be in a sealed envelope. You will not receive a receipt. **If you wish to have a receipt, please mail in your paperwork by certified mail.**

STAFF
ONLY

CSU

Corrections:

Caregiver Information

A copy of the caregiver's photo ID is required. The name on the form must match the legal name on the ID.

1. Caregiver's Last Name (as on ID)		2. Caregiver's First Name (as on ID)		3. Middle Initial	
4. Caregiver's Mailing Address				4a.	
5. City	6. State	7. Zip Code	8. Date of Birth - -	9. Telephone Number () -	
10. E-mail Address (optional)*					

* By providing your e-mail address, you agree to receive communication from the Registry by e-mail.

I hereby certify that all information provided is correct and complete.

11. Caregiver's Signature: 	12. Date Signed: (mm/dd/yyyy)
-------------------------------------------------------------------------------------------------------------------	-------------------------------

The signature and proof of identity of the above individual was subscribed and sworn to before me by

_____ in _____ County, Colorado
(Name of caregiver printed by notary) (County name)

on this _____ day of _____, 20____.
(Day) (Month)

(Notary's official signature)

(Commission expiration date)

AFFIX NOTARY SEAL